

Name in Full

Certificate of Death

Wilrie Bell Bounds

Town

Whayland

County

Wilcox

MARYLAND

Died at

Date 1912

Month

2

Day

27

Age

Y.

M.

D.

1 20

Native of

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Ernest Bounds

Mother's
Name

Maybell Bounds

Cause of

Primary

How long sick

4 days

Death

Immediate

Whooping Cough

Accident, Suicide, Homicide

Reported by

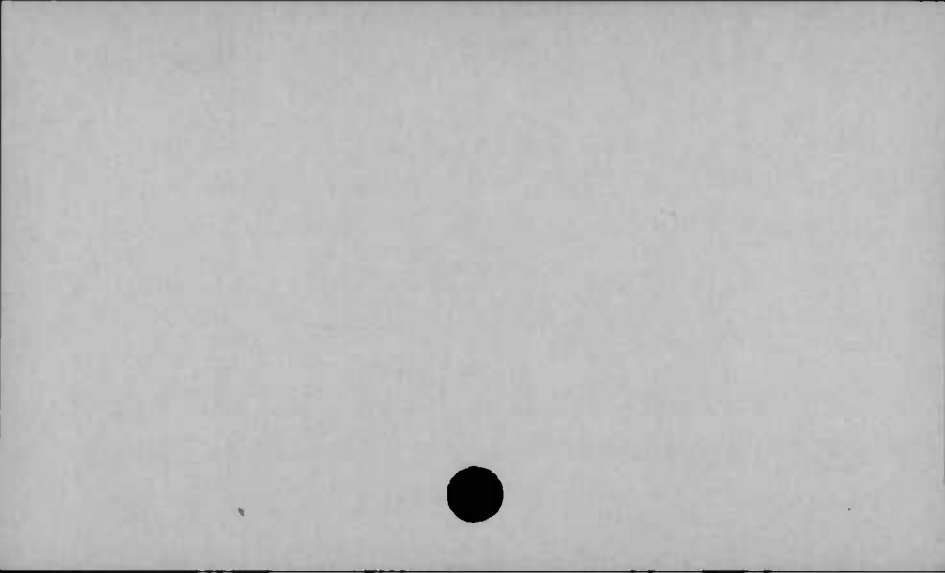
E. A. Denson Undertaker

Address

Whayland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Warren

Brambley

Town

County

Died at

Whoyland

Wiconic

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

6

Age

35

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5

Husband

of

Emma

Brambley

Father's

Name

Warren Brambley

Mother's

Name

Eliza Jane Brambley

Cause of

Primary

How long sick

8 Days

Death

Immediate

Pneumonia 93

Accident, Suicide, Homicide

Reported by

E. A. Densen Undertaker

Address

Whoyland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Henni Cornish

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 20

Age

38

Md. House Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Two

Husband

of

Wife

Father's

Name

Wesley Cornish

Mother's

Name

Charles Carroll

Sally Carroll

Cause of

Primary

How long sick

Death

Immediate

Supposed to be Consumptive

Accident, Suicide, Homicide

Reported by

Geo. C. Hill

Undertaker

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Peter Duncan

Town

County

Died at near Powellville Wisconsin MARYLAND

Date 1892 1802 Month 2nd Day 26 Y. 78 M. D. Native of Maryland Occupation former

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Milly. Duncan

Mother's Name Sally D.

Cause of Death Primary Immediate

How long sick 4 months

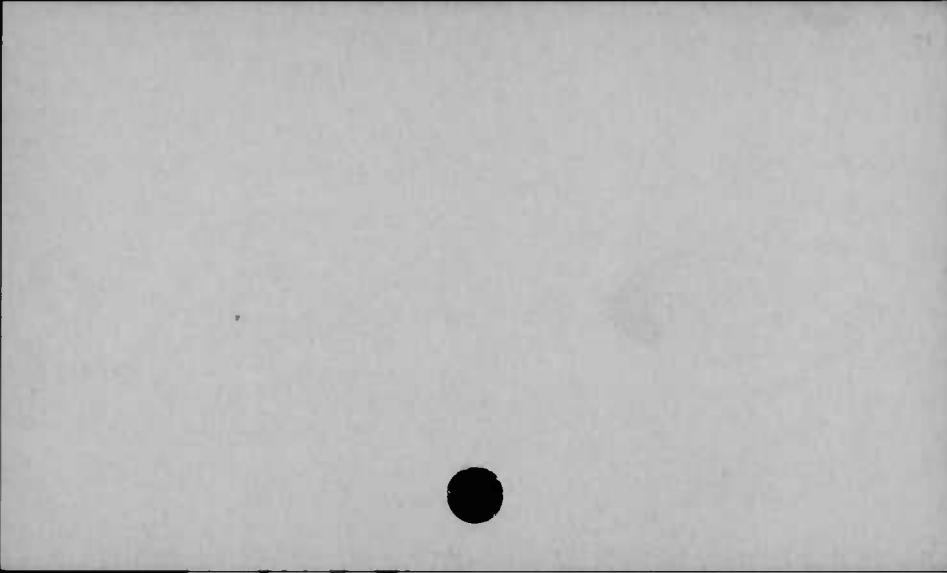
Accident, Suicide, Homicide

Reported by S. W. Freney ch. D.

Address Pittsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8508



Name in Full

Certificate of Death

Harry Lee Dykes

Town

County

Died at

MARYLAND

Date 1901

Month

Day

Y.

M.

D.

Native of

Occupation

1901

2

5

Age

7

6

2

Wisconsin

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Eida Dykes

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Feb.

22

Age

9

5

2

Md.

School Girl

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

Reported by

Address

Scarlet fever

Hemorrhage on large arteries
of neck

G. W. Todd

How long sick

4 weeks

Accident, Suicide, Homicide

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Still born Child.

Died at ^{Town} *Orthel* ^{County} *Wicomico* MARYLANDDate *1902* . *2* . *26* Month Day Y. M. D. Native of OccupationAge *1902* . *2* . *26* Male ☒ Female ☐ White ☒ ~~Colored~~ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *0*Husband
of
WifeFather's Name *Willie Green*Mother's Name *Jane Green*Cause of Death { Primary Immediate *Still Born* How long sick Accident, Suicide, HomicideReported by *Leabreare* *Brook*
Address *Mar del a - Springs Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

William F. Hambling

Town

Pittsalle

County

Wisconsin

MARYLAND

Died at

Date 19

02

Month

Day

February 15

Age

17

X

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

Herbert C. Hambling

Mother's
Maiden Name

Anna E. Hambling

Cause of

Primary

hooping cough

How long sick

8 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J.R. Harlow

Undertaker
Pittsalle

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Leah Jane Hayman

Town

County

MARYLAND

Died at

Fruitland

Neomine

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Apr 2 5-

Age *76*

Somerset Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pyemic Cancer

How long sick

Death

Immediate

Insult

Accident, Suicide, Homicide

Reported by

J. M. Drishy

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



Name In Full

Certificate of Death

James Henry Surin

Died at ^{Town} *Castalia* ^{County} *Wicomico*

MARYLAND

Date 1902 ^{Month} *Feb* ^{Day} *8* ^{Y.} *1902* ^{M.} *1902* ^{D.} *1902* ^{Native of} *Wicomico* ^{Occupation} *Mariner*

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

*Four*Husband
of
WifeFather's
NameMother's
Maiden Name*79*Cause of Death { Primary *Cardiac As Thrombosis*
Immediate *Exhaustion*How long sick
4 mths
Accident, Suicide, HomicideReported by *J. Milam M.D.*Address *Mt Vernon* *Pocomoke*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



near *Ellen Leonard*
 Town County
 Died at *Delmar Del. Wicomico* MARYLAND
 Date *1901* Month *Feb.* Day *26th* Y. *28* M. *7* D. Native of *Md* Occupation *Housewife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *none*
 Husband of *W. James Leonard*
 Wife of *John Shuckley* Mother's Name *Caroline Shuckley*
 Cause of Death { Primary *Supposed to be* How long sick *4 Months*
 Immediate *Typhoid Fever* Accident, Suicide, Homicide ☐
 Reported by *Geo. C. Hill Undertaker*
 Address *Salisbury Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Ellegood of Delmar
attended her in her last
sickness, he lives in Delaware
and I could not get
certificate

L. C. H.

Name in Full

Certificate of Death

Elma Livingston

Town

County

Died at

near ~~Smithland~~ ~~Wicomico~~

MARYLAND

Date 1902

1902

Month

Day

M.

D.

Native of

Occupation

Feb. 1st

Age

1-7

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

I don't know

How long sick

Death Immediate

said to be spasms

Accident, Suicide, Homicide

Reported by

Geo. L. Hill

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

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Name in Full

Certificate of Death

Harrietta E. Phillips

Town

County

Died at

MARYLAND

Died at *Near Mardela* *Widomies*
 Date *1902* . *2* , *23* . Age *66* - -
 Month Day Y. M. D. Netive of Occupation
House wife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *Levs*

Husband of *Elijah Phillips*
 Wife of *Elijah Phillips*
 Father's Name *Leaac Taylor*

Mother's Name *Lizzie Taylor*
 How long sick *10*

Cause of Death { Primary *Paralysis*
 Immediate

Accident, Suicide, Homicide
16

Reported by *Seamus Knox*

Address *Mardela spgs Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full Lerrah Taylor
 Town Salisbury County Wicomico
 Died at Salisbury Wicomico MARYLAND
 Date 19 02 Month Feb Day 17 Age 46 Native of Ind Occupation housework
 Sex Female Race White Marital Status Single Number of children living 2

Husband of S. L. Taylor
 Wife Lerrah Taylor Mother's Name don't know
 Cause of Death { Primary Myocardial infarction How long sick 1 year?
 Immediate Septic infection Accident, Suicide, Homicide

Reported by McQuinn
 Address Salisbury, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hester, Caroline Turner

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

2

Husband
of~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

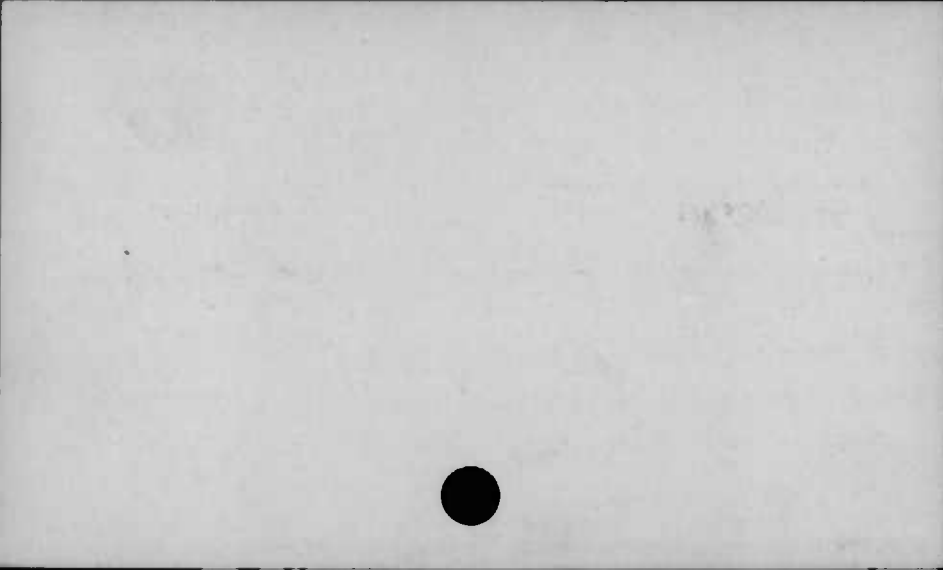
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James H. Turner

Died at Jacksonville Macomb County MARYLAND

Date 1902 Feb 17 Month Day Y. M. D. Age 14 Netive of Jacksonville Occupation Mermer

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Rufus Turner Mother's Maiden Name Susan Dashiell

Cause of Death { Primary Bilious Fever 4 How long sick 3 days
 Immediate Accident, Suicide, Homicide

Reported by Dr Harry TullAddress Jacksonville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George R. William

Town

County

Blair

Marion

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2 16

Age

9 6 2

Md

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

George R. William

Martha William

Cause of

Primary

Dropsy

How long sick

4 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. A. Denson

Undertaker

Address

Maryland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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